

Commonwealth of Kentucky
Energy and Environment Cabinet
Department for Environmental Protection

Division for Air Quality
200 Fair Oaks Lane, 1st Floor
Frankfort, Kentucky 40601
(502) 564-3999
<http://www.air.ky.gov/>

PERMIT APPLICATION

The completion of this form is required under Regulations 401 KAR 52:020, 52:030, and 52:040 pursuant to KRS 224. Applications are incomplete unless accompanied by copies of all plans, specifications, and drawings requested herein. Failure to supply information required or deemed necessary by the division to enable it to act upon the application shall result in denial of the permit and ensuing administrative and legal action. Applications shall be submitted in triplicate.

DEP7007AI

**Administrative
Information**

Enter if known

AFS Plant ID#

Agency Use Only

Date Received

Log#

Permit#

1) APPLICATION INFORMATION

Note: The applicant must be the owner or operator. (The owner/operator may be individual(s) or a corporation.)

Name: _____

Title: _____ Phone: _____

(If applicant is an individual)

Mailing Address: _____
Company

Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Is the applicant (check one): ☐ Owner ☐ Operator ☐ Owner & Operator ☐ Corporation/LLC* ☐ LP**

* If the applicant is a Corporation or a Limited Liability Corporation, submit a copy of the current Certificate of Authority from the Kentucky Secretary of State.

** If the applicant is a Limited Partnership, submit a copy of the current Certificate of Limited Partnership from the Kentucky Secretary of State.

Person to contact for technical information relating to application:

Name: _____

Title: _____ Phone: _____

2) OPERATOR INFORMATION

Note: The applicant must be the owner or operator. (The owner/operator may be individual(s) or a corporation.)

Name: _____

Title: _____ Phone: _____

Mailing Address: _____
Company

Street or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

3)

TYPE OF PERMIT APPLICATION

For new sources that currently *do not* hold any air quality permits in Kentucky and are required to obtain a permit prior to construction pursuant to 401 KAR 52:020, 52:030, or 52:040.

☐ Initial Operating Permit (the permit will authorize both construction and operation of the new source)

Type of Source (*Check all that apply*): ☐ Major ☐ Conditional Major ☐ Synthetic Minor ☐ Minor

For existing sources that do not have a source-wide Operating Permit required by 401 KAR 52:020, 52:030, or 52:040.

Type of Source (*Check all that apply*): ☐ Major ☐ Conditional Major ☐ Synthetic Minor ☐ Minor

(*Check one only*)

☐ Initial Source-wide Operating Permit ☐ Modification of Existing Facilities at Existing Plant

☐ Construction of New Facilities at Existing Plant

☐ Other (explain) _____

For existing sources that currently have a source-wide Operating Permit.

Type of Source (*Check all that apply*): ☐ Major ☐ Conditional Major ☐ Synthetic Minor ☐ Minor

Current Operating Permit # _____

☐ **Administrative Revision** (describe type of revision requested, e.g. name change): _____

☐ **Permit Renewal** ☐ **Significant Revision** ☐ **Minor Revision**

☐ Addition of New Facilities ☐ Modification of Existing Facilities

For all construction and modification requiring a permit pursuant to 401 KAR 52:020, 52:030, or 52:040.

Proposed Date for Start of Construction or Modification: _____ Proposed date for Operation Start-up: _____

4)

SOURCE INFORMATION

Source Name: _____

Source Street Address: _____

City: _____ **Zip Code:** _____ **County:** _____

Primary Standard Industrial Classification (SIC) Category: _____ **Primary SIC #:** _____

Property Area (Acres or Square Feet): _____ **Number of Employees:** _____

Description of Area Surrounding Source (*check one*):

☐ Commercial Area ☐ Residential Area ☐ Industrial Area ☐ Industrial Park ☐ Rural Area ☐ Urban Area

Approximate Distance to Nearest Residence or Commercial Property: _____

UTM or Standard Location Coordinates: (*Include topographical map showing property boundaries*)

UTM Coordinates: Zone _____ Horizontal (km) _____ Vertical (km) _____

Standard Coordinates: Latitude _____ Degrees _____ Minutes _____ Seconds

Longitude _____ Degrees _____ Minutes _____ Seconds

4) SOURCE INFORMATION (CONTINUED)

Is any part of the source located on federal land? ☐ Yes ☐ No

What other environmental permits or registrations does this source currently hold in Kentucky?

What other environmental permits or registrations does this source need to obtain in Kentucky?

5) OTHER REQUIRED INFORMATION

Indicate the type(s) and number of forms attached as part of this application.

- | | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> DEP7007A Indirect Heat Exchanger, Turbine, Internal Combustion Engine | <input type="checkbox"/> DEP7007R Emission Reduction Credit |
| <input type="checkbox"/> DEP7007B Manufacturing or Processing Operations | <input type="checkbox"/> DEP7007S Service Stations |
| <input type="checkbox"/> DEP7007C Incinerators & Waste Burners | <input type="checkbox"/> DEP7007T Metal Plating & Surface Treatment Operations |
| <input type="checkbox"/> DEP7007F Episode Standby Plan | <input type="checkbox"/> DEP7007V Applicable Requirements & Compliance Activities |
| <input type="checkbox"/> DEP7007J Volatile Liquid Storage | <input type="checkbox"/> DEP7007Y Good Engineering Practice (GEP) Stack Height Determination |
| <input type="checkbox"/> DEP7007K Surface Coating or Printing Operations | <input type="checkbox"/> DEP7007AA Compliance Schedule for Noncomplying Emission Units |
| <input type="checkbox"/> DEP7007L Concrete, Asphalt, Coal, Aggregate, Feed, Corn, Flour, Grain, & Fertilizer | <input type="checkbox"/> DEP7007BB Certified Progress Report |
| <input type="checkbox"/> DEP7007M Metal Cleaning Degreasers | <input type="checkbox"/> DEP7007CC Compliance Certification |
| <input type="checkbox"/> DEP7007N Emissions, Stacks, and Controls Information | <input type="checkbox"/> DEP7007DD Insignificant Activities |
| <input type="checkbox"/> DEP7007P Perchloroethylene Dry Cleaning Systems | |

Check other attachments that are part of this application.

Required Data

- ☐ Map or Drawing Showing Location
- ☐ Process Flow Diagram and Description
- ☐ Site Plan Showing Stack Data and Locations
- ☐ Emission Calculation Sheets
- ☐ Material Safety Data Sheets (MSDS)

Supplemental Data

- ☐ Stack Test Report
- ☐ Certificate of Authority from the Secretary of State (for Corporations and Limited Liability Companies)
- ☐ Certificate of Limited Partnership from the Secretary of State (for Limited Partnerships)
- ☐ Claim of Confidentiality (See 400 KAR 1:060)
- ☐ Other (Specify) _____

Indicate if you expect to emit, in any amount, hazardous or toxic materials or compounds or such materials into the atmosphere from any operation or process at this location.

- | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Pollutants regulated under 401 KAR 57:002 (NESHAP) | <input type="checkbox"/> Pollutants listed in 401 KAR 63:060 (HAPS) |
| <input type="checkbox"/> Pollutants listed in 40 CFR 68 Subpart F [112(r) pollutants] | <input type="checkbox"/> Other |

Has your company filed an emergency response plan with local and/or state and federal officials outlining the measures that would be implemented to mitigate an emergency release?

☐ Yes ☐ No

Check whether your company is seeking coverage under a permit shield. If "Yes" is checked, applicable requirements must be identified on Form DEP7007V. Identify any non-applicable requirements for which you are seeking permit shield coverage on a separate attachment to the application.

☐ Yes ☐ No ☐ A list of non-applicable requirements is attached

6)

OWNER INFORMATION

Note: If the applicant is the owner, write "same as applicant" on the name line.

Name: _____

Title: _____ **Phone:** _____

Mailing Address: _____
Company _____

Street or P.O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

List names of owners and officers of your company who have an interest in the company of 5% or more.

Name

Position (owner, partner, president, CEO, treasurer, etc.)

(attach another sheet if necessary)

7)

SIGNATURE BLOCK

I, the undersigned, hereby certify under penalty of law, that I am a responsible official, and that I have personally examined, and am familiar with, the information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the information is on knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false or incomplete information, including the possibility of fine or imprisonment.

BY: _____
 (Authorized Signature)

 (Date)

 (Typed or Printed Name of Signatory)

 (Title of Signatory)